



Holiday Program Referral Application

General Information

This application is for you to refer a family for the Citrus Heights Holiday Referral Program. In order to refer a family, you must have firsthand knowledge of their circumstances. Applicants will be screened based on the details describing a recent hardship or distressed situation that has occurred over the last year. Please make sure to complete this form as accurately as possible.

Eligibility Criteria

The family you are referring:

- **Must be informed** you are referring them
- Reside in the City of Citrus Heights
- Have an actual and specific need
- **Have had a recent hardship or distressed event occurring over the last year (not just low income)**
- **Have not been previously accepted into the program**

Application Deadline and Submission Information

- Applications must be received no later than **Friday, November 16, 2018**
- Applications may be submitted by completing the application and:
 - Faxing : (916) 727-5968
 - Mailing or Dropping off at:
Citrus Heights Police Department
Attn: Holiday Referral Program Coordinator
 6315 Fountain Square Drive
 Citrus Heights, CA 95621
- Emailing: holidayreferral@citrusheights.net

Referring Party Information

First and Last Name	Work Phone
Mobile Phone	House Phone
Best Number to Reach You	Email Address
<input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> House	
Occupation	Employer
Relationship to Family	How Long Have You Known the Family?
Have you referred this family for other resources this year?	
<input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, List Those Resources:

POLICE USE ONLY

Interview Date	Interview Time	Interviewers	Status
			<input type="checkbox"/> Approved <input type="checkbox"/> Denied
RIMS Check/Initial	Application Number	Pick-Up Time	Other
<input type="checkbox"/> Hit <input type="checkbox"/> Clear			<input type="checkbox"/> Delivery <input type="checkbox"/> Extra <input type="checkbox"/> Food Basket Only

